



CITY OF SOLANA BEACH

635 South Highway 101
Solana Beach, CA 92075-2215

(858) 720-2403

APPLICATION FOR SOLICITOR'S LICENSE

SALES OR USE TAX MAY APPLY TO YOUR BUSINESS ACTIVITIES. YOU MAY SEEK WRITTEN ADVICE REGARDING THE APPLICATION OF TAX TO YOUR PARTICULAR BUSINESS BY WRITING TO THE NEAREST STATE BOARD OF EQUALIZATION OFFICE.

Certain information provided in this application may be disclosed pursuant to valid requests for public information.

PLEASE PRINT

Name _____
(Last) (First) (Middle)

All Other Names Used _____

Date of Birth: _____ Sex: Male Female Place of Birth: _____

Height _____ Weight _____ Hair _____ Eyes _____

Driver's License # _____ State _____ Soc. Sec. # _____

Permanent Residence Address: _____

How Long at Address? _____ Home Phone _____ Work Phone _____

Temporary Address _____

Business Name _____ Business Phone _____

Business Address _____

Description of articles to be sold or services offered _____

Will you be selling from a temporary stand or parked vehicle? Yes No

If selling any food or beverages list Health Department Permit No: _____

LIST BELOW ALL CHARGES RESULTING IN CONVICTION OR PLEA OF NOLO CONTENDERE:

<u>DATE</u>	<u>CHARGE</u>	<u>INVESTIGATING AGENCY</u>	<u>DISPOSITION</u>	<u>DATE RELEASED OR PLACED ON PROBATION</u>
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APPLICATION FOR SOLICITOR'S LICENSE (Continued)

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND AND AGREE TO HAVING ALL REQUIRED NOTICES, UNLESS OTHERWISE SPECIFIED, SENT BY U.S. MAIL TO THE ADDRESS GIVEN ON THIS APPLICATION. I HAVE READ AND UNDERSTAND THE SECTIONS OF THE SAN DIEGO COUNTY CODE OF REGULATORY ORDINANCES PERTAINING TO SOLICITOR'S LICENSES.

SIGNATURE OF APPLICANT

DATE

YOU ARE REQUIRED TO SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:
(INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED)

- 1) COPY OF Photo Identification (California driver's license or state-issued identification card only)
- 2) Two (2) photographs measuring 1 inch by 1 inch (we can take photographs by appointment)
- 3) Fee New or Renewal – FEES ARE NONREFUNDABLE
- 4) Solicitor's Identification Card application for each solicitor with appropriate fee
- 5) COPY OF Health Department Permit (for food-related businesses)

SHERIFF'S DEPARTMENT

CODE COMPLIANCE

Approved

Disapproved

Approved

Disapproved

Reason _____

By _____ Date _____

By _____ Date _____

Accepted by _____ Date _____



CITY OF SOLANA BEACH

635 South Highway 101
Solana Beach, CA 92075-2215

(858) 720-2403

APPLICATION FOR SOLICITOR'S IDENTIFICATION CARD

PLEASE PRINT

Name _____
(Last) (First) (Middle)

All Other Names Used _____

Date of Birth _____ Sex: Male Female Place of Birth _____

Height _____ Weight _____ Hair _____ Eyes _____

Driver's License # _____ State _____ Soc. Sec.# _____

Permanent Residence Address _____

How Long at Address? _____ Home Phone _____ Work Phone _____

Temporary Address _____

Business Name _____ Business Phone () _____

Business Address _____

Description of articles to be sold or services offered : _____

Veteran of any U.S. War? Yes No Type of discharge: _____

LIST BELOW ALL CHARGES RESULTING IN CONVICTION OR PLEA OF NOLO CONTENDERE:

<u>DATE</u>	<u>CHARGE</u>	<u>INVESTIGATING AGENCY</u>	<u>DISPOSITION</u>	<u>DATE RELEASED OR PLACED ON PROBATION</u>

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND AND AGREE TO HAVING ALL REQUIRED NOTICES, UNLESS OTHERWISE SPECIFIED, SENT BY U.S. MAIL TO THE ADDRESS GIVEN ON THIS APPLICATION. I HAVE READ AND UNDERSTAND THE SAN DIEGO COUNTY CODE OF REGULATORY ORDINANCES PERTAINING TO SOLICITORS.

Signature

Date

APPLICATION FOR SOLICITOR'S IDENTIFICATION CARD (Continued)

YOU ARE REQUIRED TO SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

FEES ARE NOT REFUNDABLE

- 1) COPY of Photo Identification (California driver's license or state issued identification card only).
 - 2) FEE new or renewal – FEES ARE NONREFUNDABLE
 - 3) Work permit, if minor.
- ** You will be photographed prior to issuance of identification card.
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TO BE COMPLETED BY HOLDER OF SOLICITOR'S LICENSE:

LICENSE HOLDER _____ LICENSE FILE #SL _____

BUSINESS NAME _____ BUSINESS PHONE _____

BUSINESS ADDRESS _____

TEMPORARY BUSINESS ADDRESS _____

SOLICITOR'S LICENSE EXPIRATION DATE _____

THE ABOVE APPLICANT WILL BE SOLICITING IN THE NAME OF MY BUSINESS AFTER THEIR APPLICATION IS APPROVED AND THEY HAVE OBTAINED THE PROPER IDENTIFICATION CARD.

Signature of license holder

Date

SHERIFF'S DEPARTMENT

Approved

Not Approved

Reason _____

By: _____ Date _____

Accepted by _____ Date _____